U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civit penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E OFF	
1. File Number U - 56/6	2. Fiscal Year Covered From:
our plants and the second seco	[]/[]/[05] Through: []/[]/[]/[05]
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name ROGER E WARILA	Name Smula L.U. 103
	Labor Organization File Number 0/5-68/
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3416 6 AVE NORTH	Street 5250 NORTH MT. AUE.
City GREAT FACES	City HECEAIA.
State ZIP Code + 4 5 9 401 . 221	State NT ZIP Code + 4 5960 Z
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	0
State ZIF Ccde + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Roger E. Warila	On 3-20-06 406-761-5015 Date Telephone Number

Name of Person Filing	File Number U- 56/6	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	'9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Economic Devel Ocgan. Trust	Attend Trustee Meetings	
Trade Name, if any: EDOT		
P.O. Box, Bldg., Room No., if any		
Street 711 CENTRAL STE 217	11.b. Approximate dollar value of such dealing.	
City BILLINGS	12.a. Nature of interest held or income received.	
State M ZIP Code + 459102		
	10 h August	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
·		
P.O. Box, Bldg., Room No., if any		
P.O. Box, Bldg., Room No., if any		
P.O. Box, Bldg., Room No., if any Street		

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Joint Apprentice Ship Training Comm Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIF Code + 4 5970.2	11.a. Nature of such dealing. Attend trustre Meetings 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or parts A and B above) or other thing of value. 14.a. Nature of payment.	

ZIP Code + 4

or Consultant

14.b. Amount of payment.

13.b. Is the Business an Employer

Street

City

State